

CHAPTER 10

Employer Testing Program Forms

INSTRUCTIONS FOR COMPLETING THE EMPLOYER TESTING PROGRAM DL520ETP APPLICATION

Follow the instructions listed below to complete the DL520ETP Application.

Place an “X” inside the box that identifies the type of Application you are submitting. If there are any changes in the address, class of license, authorized representative and administrator place an “X” inside the appropriate box (s).

SECTION	INSTRUCTIONS
List Application Type	Indicate if the Application is an Original or a Renewal.
Change of:	Indicate if the Application is a change of address, class of license, Authorized Representative, or Administrator. Complete the sections indicated by the type of change.
Section 1	Enter the following information where indicated: <ul style="list-style-type: none"> ▪ The complete Employer name, no abbreviations. (Fire departments who band together, please attach a sheet listing each fire department you want listed as an Employer. Include the fire department’s name, address, phone number, and contact person.) ▪ Your current Employer Number ▪ Your mailing address (if different from your street address) and phone number. ▪ Your street address, city, state and zip code. ▪ Indicate the number of commercial drivers employed. This includes drivers who work part-time on a continuing basis. Do not include drivers who are hired on a temporary basis to “fill in” when the company is short-handed. ▪ Include the number of commercial vehicles in fleet. ▪ Briefly explain the nature of business and use of vehicles.

**INSTRUCTIONS FOR COMPLETING THE
EMPLOYER TESTING PROGRAM DL520ETP APPLICATION (Continued)**

SECTION	INSTRUCTIONS
Section 2	<ul style="list-style-type: none"> ▪ Place an “X” inside the appropriate box (s) of the class of license(s) you wish to certify. (They must be in conjunction with the nature of your business). ▪ Indicate if your drivers will be operating vehicles carrying hazardous materials. ▪ Enter your primary and alternate route approval numbers, street address, city, state, zip code and phone number with area code. (If route numbers have been assigned.) ▪ Enter where your training, testing, and employment records are kept. If there is not enough space provided to list all of the locations, check the box and attach the additional page(s).
Section 3	<ul style="list-style-type: none"> ▪ Enter the Authorized Representative’s name, Driver License, phone number, street address, city, state, zip code and date. If there is not enough space provided to list all of the authorized representatives, check the box and attach the additional page(s). ▪ Check the box to indicate if the Authorized Representative is being added or deleted. ▪ Indicate if you are in the Pull Notice Program (EPN) and enter your EPN number.
Section 4	<ul style="list-style-type: none"> ▪ Print the name and title of the Administrator. ▪ Enter the Administrator’s Driver License (DL) number, and the date. ▪ Enter the Administrator’s signature, street address, city, state and zip code.

**EMPLOYER TESTING PROGRAM
APPLICATION FOR EMPLOYER NUMBER
FEE: \$15.00**

For clarity, please complete this form with a black pen or typewriter.

LIST APPLICATION TYPE: ☐ Original ☐ Renewal

CHANGE OF:

- ☐ Address (Section 1 & 4) ☐ Authorized Representative (Sections 1, 3, & 4)
☐ Class of License (Section 1, 2, & 4) ☐ Administrator (Complete Entire Application)

SECTION 1	NAME OF EMPLOYER	PREVIOUS EMPLOYER NUMBER
	MAILING ADDRESS	PHONE NUMBER () or ()
	STREET ADDRESS	CITY STATE ZIP CODE

1. Indicate number of commercial drivers employed _____. Number of commercial vehicles in fleet _____.
 2. Describe nature of business and use of vehicles: _____.

SECTION 2	3. I wish to certify for: (Must be in conjunction with the nature of the business.)	
	<input type="checkbox"/> Class A non-passenger (tractor-trailer) drive test <input type="checkbox"/> Class A passenger (trailer bus) drive test <input type="checkbox"/> Class A non-commercial Firefighter	<input type="checkbox"/> Class B non-passenger drive test <input type="checkbox"/> Class B Bus 11-15 passengers including the driver <input type="checkbox"/> Class B Bus 16 or more passengers including the driver. <input type="checkbox"/> Class B non-commercial Firefighter

4. My employees are driving vehicles carrying hazardous materials. ☐ Yes ☐ No
 5. Location where my company's drive tests will be conducted at: ☐ Additional page(s) attached.
☐ PRIMARY ROUTE APPROVAL # STREET ADDRESS CITY STATE ZIP (AREA CODE) PHONE ()
☐ ALTERNATE ROUTE APPROVAL # STREET ADDRESS CITY STATE ZIP (AREA CODE) PHONE ()
 6. My company's training, testing, and employment records are kept at: ☐ Additional page(s) attached.
 FACILITY NAME STREET ADDRESS CITY STATE ZIP (AREA CODE) PHONE ()
 ()

SECTION 3	7. List of Authorized Representatives: <input type="checkbox"/> Additional page(s) attached.							
	NAME	DL #	PHONE #	STREET ADDRESS	CITY	STATE	ZIP	DATE
								<input type="checkbox"/> ADD <input type="checkbox"/> DELETE <input type="checkbox"/> ADD <input type="checkbox"/> DELETE

8. Employer is in the Pull Notice Program (EPN) ☐ Yes ☐ No, if yes, EPN Number _____

SECTION 4	<p>If my company does not fulfill its responsibilities or no longer qualifies for an employer number under Vehicle Code Section 15250, I understand that the department will cancel, suspend or revoke my employer number. I further certify the Employer will abide by the provisions in Title 13, California Code of Regulations, Article 2.1, & 25.06 - 25.22, CVC §12804.9(e) and 15250(c) and (d) governing the Employer Testing Program.</p> <p>I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct, and that I am the authorized Administrator of the program for the above named employer.</p>		
	PRINTED NAME AND TITLE	ADMINISTRATOR'S DL NUMBER	DATE
	SIGNATURE OF ADMINISTRATOR		
	STREET ADDRESS	CITY	STATE ZIP CODE

FOR DMV USE ONLY			
<input type="checkbox"/> Original	<input type="checkbox"/> Renewal	<input type="checkbox"/> Fee	<input type="checkbox"/> No Fee
<input type="checkbox"/> Change of Class	<input type="checkbox"/> Change of Authorized Representative		
<input type="checkbox"/> Change of Administrator			
EFFECTIVE DATE OF AGREEMENT		APPROVED BY	
CLASS APPROVED FOR	PRESENT DATE	COMPANY CHECK #	
EMPLOYER #		DATE LETTER SENT	

The Department of Motor Vehicles (DMV) will use the information on this application to determine if your organization qualifies to issue Certificates of Driving Skill (DL170ETP) for your employees in compliance with the California Vehicle Code (CVC). Information submitted is subject to verification by personnel of the DMV.

Changes or corrections to the form will void the form unless initialed by the person who made them.

Incomplete forms will be returned.

Prior to receiving authorization to participate in the Employer Testing Program (ETP), an on-site review may be required when the company is new to the program, or when prior authorization has been canceled, suspended, revoked, or expired over one year.

The on-site review will require a demonstration by the Employer of a commercial drive test comparable to the standards used by DMV Examiners to license commercial drivers. Information on requirements may be found in the Employer Testing Handbook (DL533ETP) available at local DMV field offices or by calling the ETP at (916) 657-7830.

The following criteria must be met and maintained to qualify for an employer number:

- The Administrator signing the Application for Employer Number (DL520ETP) must certify, under penalty of perjury, to the accuracy of the application and that the Employer will abide by the provisions in Title 13, California Code of Regulations, Article 2.1, §25.06-25.22, CVC Sections 12804.9(e) and 15250(c) and (d) governing the Employer Testing Program.
- A new Application for Employer Number (DL520ETP) must be submitted within ten (10) days of occurrence if the Employer changes the Administrator, or the Administrator leaves employment of the company.
- Your company must have a driver testing/training program.
- Each driver issued a Certificate of Driving Skill (DL170ETP) must have passed a commercial driving test that meets DMV's commercial driving test requirements and standards.
- Your company must only use, and may not vary from, the DMV approved drive test routes when conducting a commercial drive test.
- Your company must note if your drivers will be operating vehicles carrying hazardous materials.
- The Examiner conducting the commercial drive test must have the appropriate class of commercial driver license with any appropriate endorsement(s) and/or restrictions as required to operate his or her company vehicle(s), have passed DMV's training class, and have an Examiner Application (DL 811ETP) on file with DMV.
- A new Application for Employer Number (DL520ETP) must be submitted within ten (10) days if there is a change of address, company name, class of license that they are certifying for, or if a listed authorized representative(s) is no longer authorized to sign for the company.

Please complete the Application for Employer Number (DL520ETP) and return it with the appropriate fees to:

Department of Motor Vehicles
Employer Testing Program
P.O. Box 944278 M/S H-275
Sacramento, CA 94244-2780

If this is an original or renewal Application, you must also submit documentation of your primary and alternate drive test routes on the Commercial Driving Performance Evaluation (DPE) Route and Directions (DL814ETP), the Employer Testing Program Commercial DPE Maneuver Checklist (DL807ETP), and route maps for each drive test route, for DMV review and approval.



INSTRUCTIONS FOR COMPLETING THE CERTIFICATE OF DRIVING SKILL (DL170ETP)

The following are instructions for completing the DL170ETP.

FIELD	INSTRUCTIONS
____ EN ____ - ____ - ____	Enter your current Employer Number.
Driver Completes This Section	Print or type complete driver's name, address, home and work telephone numbers. The Employer completes the date of employment information. The signature of the driver is required. Do not print signatures.
Examiner Completes This Section	<p>The Examiner must record the date the drive was given and successfully passed in a Class A or Class B vehicle or Class B bus. He/she must check all drive test vehicle feature boxes that apply. If the driving test was given in a bus, the examiner must:</p> <ul style="list-style-type: none"> • Check the passenger size designation. • Check if the bus GVWR is 26,000 lb or less. <p>The Examiner must record the DMV route approval number, vehicle license number, trailer ID plate number, city and county where the drive test was conducted.</p> <p>The signature of the Examiner is required. Do not print signatures.</p>
Employer's Representative Completes This Section	The Employer's Representative must type or print the location of the drive test; Authorized Representative's name, driver's license number, telephone number, Employer name, Employer address, and the signature of the Employer's Representative are required. Do not print signatures.
DMV Field Office	This area is for DMV Field Office use only. Do not complete any portion of this area.
DMV Headquarters Use Only	This area is for the Department of Motor Vehicles use only. Do not complete any portion of this area.

Additional forms may be obtained by your local DMV or by calling the Employer Testing Unit at **(916) 657-7830**.



A Public Service Agency

CERTIFICATE OF DRIVING SKILL

IMPORTANT, this form to be used by ETP participants only.

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EN - -

This certificate is valid for one year from the drive test date. **Return the original copy** of this form to a Department of Motor Vehicles (DMV) office unless DMV tells you to mail it to Sacramento. **Make a copy for your records.** If you have questions, please call the Employer Testing Program Unit at (916) 657-7830.

DRIVER COMPLETES THIS SECTION

PRINT DRIVER'S NAME (First Middle Last)			DRIVER LICENSE NUMBER
ADDRESS		CITY	STATE ZIP CODE
HOME TELEPHONE NUMBER ()	WORK TELEPHONE NUMBER ()	EMPLOYMENT DATE WITH THIS COMPANY (REQUIRED) SINCE MO DA YR	

I certify under penalty of perjury under the laws of the State of California that the information I have provided is true and correct. I am employed by the employer named below, have attended driver training and have passed the employer's driving test(s). I understand that I may be required to pass a DMV administered test, at DMV's discretion. I also understand that if the employer's drive test(s) does not meet DMV's requirements and standards I will be required to retest or my commercial driver license will be downgraded to the previous class.

EXECUTED AT	CITY	COUNTY	DRIVER'S SIGNATURE 	DATE
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EXAMINER COMPLETES THIS SECTION

The driver passed a drive test(s) in the following type vehicle(s) on _____ DATE _____.

- ☐ Class A non-passenger vehicle
- ☐ Class A tractor trailer bus
- ☐ Class B non-passenger vehicle
- ☐ Class B bus or van which is:
 - ☐ designed to carry 11-15 passengers, including the driver (**Restriction 74 or 75**)
 - ☐ designed to carry 16 or more passengers, including the driver, with a GVWR of 26,000 lbs. or less (**Restriction 76**)
 - ☐ designed to carry 16 or more passengers, including the driver with a GVWR of 26,001 lbs. or more

The vehicle(s) used for this drive test(s):

- ☐ has an automatic transmission (**Restriction 64**)
- ☐ has an automated transmission (**Restriction 65**)
- ☐ has a manual transmission
- ☐ does not have air brakes (**Restriction 48**)
- ☐ is equipped with air brakes (law test required)
- ☐ is a 3-axle vehicle with a GVWR between 6,000-26,000 lbs. (**Restriction 79—Class B vehicles only**)

DMV ROUTE APPROVAL NUMBER	VEHICLE LICENSE NUMBER(S)	TRAILER ID PLATE NUMBER(S)
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I certify under penalty of perjury under the laws of the State of California that the information I have provided is true and correct. I have the appropriate class of commercial license for the test vehicle, and have administered a drive test(s) which meets DMV's drive test requirements and standards in the vehicle(s) identified above.

EXECUTED AT	CITY	COUNTY	EXAMINER'S SIGNATURE 	DATE
EXAMINER'S PRINTED NAME			DRIVER LICENSE NUMBER	

EMPLOYER'S REPRESENTATIVE COMPLETES THIS SECTION

I certify under penalty of perjury under the laws of the State of California that the information I have provided is true and correct. I am an authorized representative of the employer shown on this form. The driver named above is employed by this employer and is required to operate Class A or Class B vehicles in the course of his or her employment. This driver has attended the required training, and passed a drive test(s) which meets DMV's drive test requirements and standards.

EXECUTED AT	CITY	COUNTY	AUTHORIZED REPRESENTATIVE'S SIGNATURE 	DATE
AUTHORIZED REPRESENTATIVE'S PRINTED NAME			DRIVER LICENSE NUMBER	PHONE NUMBER WHERE REPRESENTATIVE CAN BE REACHED () EXT.
EMPLOYER NAME				

EMPLOYER ADDRESS	CITY	STATE	ZIP CODE
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DMV FIELD OFFICE

PLEASE NOTE: Send this form directly to the Employer Testing Program Unit, M/S H275.

EMPLOYEE NAME, ID NUMBER, AND FO NUMBER

DMV HEADQUARTERS USE ONLY

HEADQUARTERS APPROVAL	PREVIOUS CLASS	CURRENT CLASS
CO. AUTHORIZATION AT TIME OF CERT.	PREVIOUS ENDORSEMENTS	CURRENT ENDORSEMENTS
	PREVIOUS RESTRICTIONS	CURRENT RESTRICTIONS

INSTRUCTIONS FOR COMPLETING THE CERTIFICATE OF DRIVING SKILL

DRIVER

- This form is valid one year from the date of the drive test.
- If the drive test administered by your employer does not meet DMV requirements and standards, you may be required to retest to retain your commercial license status.
- You may be required to pass a DMV administered test at DMV's discretion.

EMPLOYER

- Keep a copy of this form for a minimum of three years from the date the driver is no longer in your employ.
- The Certificate of Driving Skill (DL 170ETP) is not required to waive a driving test for a Class B with passenger endorsement if the driver holds a valid School Bus Certificate, Student Pupil Activity Bus Certificate, or a General Public Paratransit Vehicle Certificate unless the driver is upgrading or removing restrictions.
- A drive test is required for each DL 170ETP issued.
- A separate DL 170ETP is required for each class of drive test if drive test dates or examiners are different.
- A separate and complete drive test is required to remove a restriction or add a Passenger Endorsement.
- Issue a DL 170ETP only to drivers who:
 - are employed by you at the time the certificate is issued,
 - have taken the required training, and
 - have taken a drive test equivalent to DMV's drive test requirements and standards.

DMV EMPLOYEE

- Route the DL 170ETP to the Employer Testing Program Unit at M/S H275. **DO NOT** send to Micrographics.
- Is all required information (i.e., type of drive test(s), restriction(s) required, all dates, signatures, EN number) complete?

DESCRIPTION OF VEHICLE CLASSES

CLASS A Also see "Required Endorsements" listed below

You may drive:

- Any legal combination of Class A, Class B or Class C vehicles if properly endorsed (some restrictions may apply).

You may tow:

- Any vehicle or trailer (Class A authorizes towing vehicles or trailers exceeding 10,000 lbs. GVWR).
- Double/triple trailers, with endorsement.
- A trailer bus, with endorsement.

CLASS B Also see "Required Endorsements" listed below

You may drive:

- Any single vehicle with 3 or more axles weighing more than 6,000 lbs. GVWR (some restrictions may apply).
- Any single vehicle weighing 26,001 lbs. or more GVWR (some restrictions may apply).
- Any bus (except a trailer bus) if properly endorsed (some restrictions may apply).

You may tow:

- Another vehicle or trailer under 10,000 lbs. GVWR.

CLASS C

This form cannot be used to qualify for a commercial Class C driver license.

REQUIRED ENDORSEMENTS NOTE: Driver is required to obtain

- **Double Triple Endorsement** — for double and triple trailers.
- **Passenger Endorsement** — for passenger transport vehicles, which include, but is not limited to a bus. (Restrictions may apply depending on size of bus.) **NOTE:** Mechanics who drive a bus while servicing it, must have a passenger endorsement.
- **Tank Vehicle Endorsement** — For any size permanently attached tank or any portable tank with capacity of over 1,000 gallons.
- **Hazardous Materials or Hazardous Waste Endorsement** — For any vehicle carrying hazardous materials or wastes which must be placarded or as defined in Health and Safety Code §25115 and §25117.

DATE		TEST LOCATION		ETP CDL PRE-TRIP INSPECTION EVALUATION SCORE SHEET			RESULT			
VEHICLE LICENSE NO./TRAILER ID PLATE NO.		ROUTE NO.		EXAMINER'S SIGNATURE		EXAMINER DL NO.	Number of errors _____			
DRIVER'S SIGNATURE:						DRIVER LICENSE NO.	<input type="checkbox"/> Passing <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Mechanical Postponement			
TYPE VEHICLE <input type="checkbox"/> CL A <input type="checkbox"/> CL B <input type="checkbox"/> PV Vehicle axles 2 3 Trailer axles 1 2 Air brakes Yes No (*) (*) If vehicle has no air brakes, put a line through these components.				PRE-DRIVE CHECKLIST 1. Turn signals F / B <input type="checkbox"/> 2. Brake lights <input type="checkbox"/> 3. Horn <input type="checkbox"/> 4. Emergency Flashers <input type="checkbox"/>			Engine Compartment Oil level 0 Coolant level 0 Power steering fluid/(belt) 0 Water pump (belt) 0 Alternator (belt) 0 *Air compressor (belt) 0 Leaks/hoses 0		ALL VEHICLES Engine Start Clutch/gearshift 0 Mirrors, windshield 0 Temperature 0 Wiper/washers 0 Oil pressure 0 Lighting indicators (L-R-4-H) 0 Ammeter/voltmeter 0 Horn(s) 0 *Air brake check (C-O-L-A) 0 Heater/defroster 0 Steering play 0 Safety belt/emerg (F-E-T) 0 Parking brake/hydraulic 0	
TRUCK/TRACTOR Front of Vehicle Lights 0 Rims 0 F R Steering box/hoses 0 Tires (I-C-D) 0 0 0 Steering linkage 0 Axle seals 0 0 0 Lug nuts 0 0 0 Spacers 0 0 0 Front Suspension Spring/air 0 Rear Suspension Spring mount 0 Springs/air/torque 0 0 Shock absorber 0 Spring mounts 0 0 Shock absorbers 0 0 Front Wheel Rims 0 Rear Brakes Hub oil seal 0 *Slack adjustor 0 0 Tires (I-C-D) 0 *Brake chamber 0 0 Lug nuts 0 Brake hoses/lines 0 0 Brake drum/linings 0 0 Front Brake *Slack adjustor 0 Rear of Vehicle *Brake chamber 0 Lights/reflectors 0 0 Brake hoses/lines 0 Doors/ties/lift 0 0 Brake drum/linings 0 Splash guards 0 0 Driver/Fuel Area Door, mirror 0 Coupling System Fuel tank/leaks 0 Catwalk/Tongue storage area 0 Battery box 0 Air/electric lines 0 Mounting bolts 0 Safety latch/locking jaws/ Safety devices 0 Under Vehicle Drive shaft 0 Platform (fifth wheel/pintle hook) 0 Exhaust system 0 Release arm 0 Frame 0 Kingpin/apron/gap/Tongue/drawbar 0 Sliding 5th wheel locking pins/Sliding pintle 0				TRAILER Trailer Front Air/electric connect 0 Header board 0 Lights/reflectors 0 Side of Trailer Landing gear 0 Frame, tandem release 0 Lights/reflectors 0 Doors/ties/lifts 0 Wheels Rims 0 F R Tires (I-C-D) 0 0 0 Axle seals 0 0 0 Lug nuts 0 0 0 Spacers 0 0 0 Suspension Springs/air/torque 0 0 Spring mounts 0 0 Brakes *Slack adjustor 0 0 *Brake chamber 0 0 Brake hoses/lines 0 0 Brake drum/linings 0 0 Rear of Trailer Lights/reflectors 0 Doors/ties/lift 0 Splash guards 0		BUS Front of Vehicle Lights 0 Baggage Compartments Battery box 0 Doors secure 0 Passenger Items Passenger entry/lift 0 Rear Wheels F R Emergency exits 0 Rims 0 0 Seating 0 Tires (I-C-D) 0 0 Axle seals 0 0 Drive/Entry Area Door(s), mirror 0 Lug nuts 0 0 Spacers 0 0 Front Brakes/Suspension Air leaks/level 0 Rear Brakes/Suspension *Slack adjustor 0 Air leaks/level 0 *Brake chamber 0 *Slack adjustor 0 Brake hoses/lines 0 *Brake chamber 0 Brake drum/linings 0 Brake hoses/lines 0 Brake drum/linings 0 0 Front Wheel Rims 0 Rear of Vehicle Hub oil seal 0 Lights/reflectors 0 Tires (I-C-D) 0 Splash guards 0 Lug nuts 0 Fuel Tank Area Fuel tank/leaks 0				
THE PRE-TRIP MUST BE PASSED BEFORE SKILL AND ROAD TESTS ARE TAKEN.										

DATE

VEHICLE LICENSE NO./TRAILER LICENSE NO.

ROUTE NO.

EXAMINER'S SIGNATURE

EXAMINER'S DL NO.

DRIVER'S SIGNATURE

DRIVER LICENSE NO.

ETP CDL DRIVING PERFORMANCE EVALUATION SCORE SHEET

To pass the SKILLS TESTS you must have no more than 10 errors overall or no more than 5 errors for each line.

To pass the ROAD portion you must have no more than 45 errors and no mark(s) in the CRITICAL DRIVING ERROR section.

SKILL RESULT

NUMBER OF ERRORS:

☐ Passing

☐ Unsatisfactory

ROAD RESULT

NUMBER OF ERRORS:

☐ Passing

☐ Unsatisfactory

☐ Incomplete

SKILLS TESTS		INTERSECTIONS						LEFT				RIGHT				FREEWAY	
Straight Line Backing		Through		Stop		Start		Approach		Turns		URBAN/RURAL SECTIONS		LANE CHANGE		TYPE VEHICLE	
Pulls	1 2 3 4 5	Traffic check	1 2 3 4 5 6	Traffic check	1 2 3 4 5 6	Traffic check	1 2 3 4 5 6	Traffic check	1 2 3 4	Signal	1 2 3 4	Traffic checks	U	R	Traffic check	L	R
Encroachments	1 2 3 4 5	Yields	0 0 0 0 0 0	Deceleration/braking	0 0 0 0 0 0	Signal	0 0 0 0 0 0	Gear use/braking	0 0 0 0 0	Unnecessary stop	0 0 0 0 0	Lane position	0 0 0 0	0	Signal	0 0	0
Stop line (2ft.)	1	Speed	0 0 0 0 0 0	Full stop	0 0 0 0 0 0	Gear use	0 0 0 0 0 0	Lane position	0 0 0 0 0	Unnecessary stop	0 0 0 0 0	Through speed	0 0 0 0	0	Spacing/speed	0 0	0
Right Turn																	
Pulls	1 2 3 4 5	Stop	1 2 3 4 5 6	Deceleration/braking	0 0 0 0 0 0	Gear use	0 0 0 0 0 0	Unnecessary stop	0 0 0 0 0	Unnecessary stop	0 0 0 0 0	Lane position	0 0 0 0	0	Steering control	0 0	0
Encroachments	1 2 3 4 5	Traffic check	0 0 0 0 0 0	Full stop	0 0 0 0 0 0	Speed	0 0 0 0 0 0	Unnecessary stop	0 0 0 0 0	Unnecessary stop	0 0 0 0 0	Through speed	0 0 0 0	0	Spacing	0 0	0
Clearance	1	Gear use	0 0 0 0 0 0	Gap or limit line	0 0 0 0 0 0	Full stop	0 0 0 0 0 0	Unnecessary stop	0 0 0 0 0	Unnecessary stop	0 0 0 0 0	Lane position	0 0 0 0	0	Speed/gear use	0 0	0
Alley Dock																	
Pulls	1 2 3 4 5	Stop	1 2 3 4 5 6	Deceleration/braking	0 0 0 0 0 0	Gear use	0 0 0 0 0 0	Unnecessary stop	0 0 0 0 0	Unnecessary stop	0 0 0 0 0	Lane position	0 0 0 0	0	Speed/gear use	0 0	0
Encroachments	1 2 3 4 5	Traffic check	0 0 0 0 0 0	Full stop	0 0 0 0 0 0	Speed	0 0 0 0 0 0	Unnecessary stop	0 0 0 0 0	Unnecessary stop	0 0 0 0 0	Lane position	0 0 0 0	0	Spacing	0 0	0
Rear dock (2ft.)	1	Gear use	0 0 0 0 0 0	Gap or limit line	0 0 0 0 0 0	Full stop	0 0 0 0 0 0	Unnecessary stop	0 0 0 0 0	Unnecessary stop	0 0 0 0 0	Lane position	0 0 0 0	0	Speed/gear use	0 0	0
Parallel Park (Conventional)																	
Pulls	1 2 3 4 5	Stop	1 2 3 4 5 6	Deceleration/braking	0 0 0 0 0 0	Gear use	0 0 0 0 0 0	Unnecessary stop	0 0 0 0 0	Unnecessary stop	0 0 0 0 0	Lane position	0 0 0 0	0	Speed/gear use	0 0	0
Encroachments	1 2 3 4 5	Traffic check	0 0 0 0 0 0	Full stop	0 0 0 0 0 0	Speed	0 0 0 0 0 0	Unnecessary stop	0 0 0 0 0	Unnecessary stop	0 0 0 0 0	Lane position	0 0 0 0	0	Spacing	0 0	0
Inside	1	Gear use	0 0 0 0 0 0	Gap or limit line	0 0 0 0 0 0	Full stop	0 0 0 0 0 0	Unnecessary stop	0 0 0 0 0	Unnecessary stop	0 0 0 0 0	Lane position	0 0 0 0	0	Speed/gear use	0 0	0
BRIDGE/OVERPASS/SIGN																	
Weight/clearance instruction	0	Start	1 2 3 4 5 6	Deceleration/braking	0 0 0 0 0 0	Gear use	0 0 0 0 0 0	Unnecessary stop	0 0 0 0 0	Unnecessary stop	0 0 0 0 0	Lane position	0 0 0 0	0	Speed/gear use	0 0	0
RAILWAY CROSSINGS																	
Train check	0	Stop	1 2 3 4 5 6	Deceleration/braking	0 0 0 0 0 0	Gear use	0 0 0 0 0 0	Unnecessary stop	0 0 0 0 0	Unnecessary stop	0 0 0 0 0	Lane position	0 0 0 0	0	Speed/gear use	0 0	0
Gear use	0	Signal	0 0 0 0 0 0	Full stop	0 0 0 0 0 0	Speed	0 0 0 0 0 0	Unnecessary stop	0 0 0 0 0	Unnecessary stop	0 0 0 0 0	Lane position	0 0 0 0	0	Spacing	0 0	0
CRITICAL DRIVING ERROR																	
Intervention by examiner	0	Proper lane	0 0 0 0 0 0	Gear use	0 0 0 0 0 0	Full stop	0 0 0 0 0 0	Unnecessary stop	0 0 0 0 0	Unnecessary stop	0 0 0 0 0	Lane position	0 0 0 0	0	Speed/gear use	0 0	0
Strikes object/curb	0	Deceleration/braking	0 0 0 0 0 0	Gear use	0 0 0 0 0 0	Full stop	0 0 0 0 0 0	Unnecessary stop	0 0 0 0 0	Unnecessary stop	0 0 0 0 0	Lane position	0 0 0 0	0	Spacing	0 0	0
Disobeys traffic sign, signal, law	0	Gear use	0 0 0 0 0 0	Gear use	0 0 0 0 0 0	Full stop	0 0 0 0 0 0	Unnecessary stop	0 0 0 0 0	Unnecessary stop	0 0 0 0 0	Lane position	0 0 0 0	0	Speed/gear use	0 0	0
Disobeys safety personnel	0	Stop	U D	Gear use	0 0 0 0 0 0	Full stop	0 0 0 0 0 0	Unnecessary stop	0 0 0 0 0	Unnecessary stop	0 0 0 0 0	Lane position	0 0 0 0	0	Spacing	0 0	0
Dangerous maneuver	0	Vehicle parallel to curb	0 0	Gear use	0 0 0 0 0 0	Full stop	0 0 0 0 0 0	Unnecessary stop	0 0 0 0 0	Unnecessary stop	0 0 0 0 0	Lane position	0 0 0 0	0	Speed/gear use	0 0	0
Speed	0	Roll back	0 0	Gear use	0 0 0 0 0 0	Full stop	0 0 0 0 0 0	Unnecessary stop	0 0 0 0 0	Unnecessary stop	0 0 0 0 0	Lane position	0 0 0 0	0	Spacing	0 0	0
Auxiliary equipment use	0	Parking brake	0 0	Gear use	0 0 0 0 0 0	Full stop	0 0 0 0 0 0	Unnecessary stop	0 0 0 0 0	Unnecessary stop	0 0 0 0 0	Lane position	0 0 0 0	0	Speed/gear use	0 0	0
Lane violation	0	Set wheels	0 0	Gear use	0 0 0 0 0 0	Full stop	0 0 0 0 0 0	Unnecessary stop	0 0 0 0 0	Unnecessary stop	0 0 0 0 0	Lane position	0 0 0 0	0	Speed/gear use	0 0	0
RESTRICTIONS																	
CL A	<input type="checkbox"/>	CL B	<input type="checkbox"/>	PV	<input type="checkbox"/>	48 Class A or B — Without Air Brakes	<input type="checkbox"/>	64 Class A or B — Automatic Transmission	<input type="checkbox"/>	Other	<input type="checkbox"/>						

ETP COMMERCIAL DRIVING PERFORMANCE EVALUATION ROUTE AND DIRECTIONS (Instruction Sample)

Instructions:

Specify Maneuver to be scored

Specify exactly where the maneuver will be scored

This area is optional. It is to be used to make notes to the examiner only.

- Complete copy of street map highlighting route
- Attach copy of street map highlighting route
- All scored maneuvers must be numbered.
- Retain in employer files after approval signatures are
- Any revisions to the route must be approved by DMV

This section specifies where on the route the direction will be given to the driver.
Note: If the driver does not have to complete a turn or any other maneuver a direction point is not

This is where you will write down exactly what will be said to the driver.
Note: If the driver does not have to complete a maneuver to remain on the route, you do not give a direction.

EMPLOYER: DMV Trucking		2003EN10-00-101	MILEAGE 89	APPROXIMATE 2 hours	TIME TO COMPLETE:
TESTING FACILITY: Sacramento - 2470 24 th St.		DATE APPROVED: 09/15/04			
X PRIMARY ROUTE <input type="checkbox"/> ALTERNATE ROUTE		DATE APPROVED:			
Number#		DMV ROUTE NUMBER CERTIFIER'S SIGNATURE: <i>Jimmy Jones, Administrator</i>			
#	Maneuver	Comments	Direction Point	Direction	
1	Simulated downgrade		In parking lot, after pre-trip, and skill tests and making the pre-drive statement.	→	Please explain how you would prepare, and drive this vehicle down a 6% downgrade?
	Left turn		At the skill test site.	→	Exit the parking lot and turn left onto 2 nd Ave.
2	Left turn # 1	Left turn at a stop sign.	At First Apartment buildings	→	At 24 th Street turn left.
3	Left lane change	Built in as a natural lane change, when driver is asked to turn left.		→	
4	Left turn # 2	Left turn at a traffic signal.	At 24 th & First Ave.	→	At Broadway turn left.
5	Urban Business Street	Moderate business Traffic		→	
6	Intersection #1	Traffic signal controlled		→	
7	Intersection # 2	Through Intersection		→	
8	Freeway Entrance/Merge	Enter onto 80 East freeway	16 th St. and Broadway	→	Enter 80 East freeway and then go to Hwy. 99 south.

DO NOT use words like, "Signal", "Light", "Traffic Light", "Stop Sign" OR "When Safe" to give a "DIRECTION" as they are considered instructional. They are part of scoring the driver under "Traffic Check" and could result in a "Critical Driving Error".

9	Right Turn # 1	Broadway and 16 th	traffic signal.	Broadway and 17 th .	At the next intersection, turn right.
10	Freeway Entrance/Merge	Broadway and X St.	Enter onto 80 East freeway	16 th St. and Broadway	Enter 80 East freeway go to Hwy. 99 south.
11	Left Lane Change-Freeway	Hwy 99 at Fruitridge (1/2 mile before)		Hwy 99 at Fruitridge 1 mile sign	Make a lane change to the left.
12	Underpass Sign	Hwy 99 at Fruitridge	Height 15'0	After passing sign	What was the vehicle clearance?
	Left Lane Change-Freeway	Hwy 99 at 47		Hwy 99 at 47	Make a lane change to the left.
	Left Lane Change-Freeway	Hwy 99 at Florin		Hwy 99 at Florin	Make a lane change to the left.
13	Right Lane Change Freeway	Hwy 99 at Mack		Hwy 99 at Mack	Make a lane change to the right.
14	Freeway Exit	Hwy 99 at Laguna/Bond		Hwy 99 at Sheldon	Exit the Freeway at the Laguna/Bond exit.
15	Right Turn # 2	Freeway exit at Laguna	Double right turn lanes	Freeway off ramp	Make a right turn on Laguna Blvd.
16	Intersection #4	Laguna & W. Stockton Blvd.	Traffic Signal Controlled.		
17	Left Turn # 3	Laguna Blvd. and Bruceville Rd.	Double left turn lanes	Trenholm Ave.	At Bruceville Road turn left.
18	Rural Road	On Bruceville Rd. between Elk Grove Blvd & Eschinger Rd.			
	Left Turn	Bruceville Rd. & Eschinger Rd.		Starfleet K-9 Training	At the next intersection turn left.
19	Curve	Eschinger Rd.	Sharp left curve		
20	Right Turn # 3	Eschinger Rd. & Grantline Rd.	Right turn at a stop sign.	At stop sign	At Grantline Road turn right.
21	Railroad crossing	Grantline Rd			
	Left turn	Grantline and Waterman		At railroad crossing	At Waterman turn left.
22	Intersection # 5	Waterman and Elk Grove Blvd.	Stop sign controlled		
23	Intersection # 6	Waterman & Bond Rd.	Stop sign controlled		
24	Right Turn # 4	Waterman and Sheldon	Stop sign controlled.	At Weeping Willows	At the next intersection turn right.
	Left turn	Sheldon and Grantline		At caution sign	At Grantline Road turn left.
25	Left turn # 4	Grantline & Sunrise	Stop sign controlled	At Mansion	At Sunrise turn left.

	Merge onto Hwy 50	Sunrise and Hwy 50		Intersection before Hwy 50 entrance	Enter Hwy 50 east bound.
26	Upgrade Driving	Hwy 50 between Folsom Blvd. and El Dorado Hills Blvd.			
	Right Turn Exit Hwy 50	El Dorado Blvd./Hwy 50 Exit		At the top of the Exit Ramp	Turn right onto El Dorado Hills Blvd.
	Right Turn	Serrano Dr./El Dorado Blvd		Raley's Shopping Center	At the next intersection turn right.
27	Upgrade Parking	Serrano Dr Past Fire Hydrant.		Fire hydrant	Pull over and park the vehicle as if you were going to park it for the night.
	Left Turn	Serrano Country Club Turn Around	Vehicle turn around	After completing upgrade parking	At the country club turn left into the vehicle turn around and proceed down the hill.
28	Downgrade Parking	Serrano Dr. just past speed limit sign		Speed Limit Sign	Pull over and park the vehicle as if you were going to park it for the night.
	Left Turn	El Dorado Hills Blvd./Serrano Dr		Driving Range	At El Dorado Hills Blvd turn left.
	Right Turn	El Dorado Hills Blvd & Hwy. 50		Raley's Shopping Center	Enter Hwy. 50 going west bound.
29	Downgrade Driving	Hwy 50 between El Dorado Hills and Folsom			
	Exit Freeway	Hwy 50/ 26 th St. Exit		At Reno Exit Sign	Please exit the freeway at the 26 th St. exit.
	Left Turn	W & 24 th St.		26 th St	At the 24 th Street turn left.
30	Right Lane Change	24 th St.			Natural lane change due to right turn.
	Right Turn	24 th & 2nd	Right turn at a stop sign	Gas station	At the next intersection make a right turn.
	Right turn	2 nd & parking lot		Gardening store	At the DMV parking lot, turn right and park the vehicle.



EMPLOYER TESTING PROGRAM COMMERCIAL DRIVING PERFORMANCE EVALUATION ROUTE AND DIRECTIONS

- Complete form(s) for each route.
- Attach copy of street map highlighting the route.
- All scored maneuvers must be numbered.
- Retain in employer files after approval signatures are obtained.
- Any revisions to the route must be approved by DMV.

[illegible]

#	MANEUVER	LOCATION	COMMENTS	DIRECTION POINT	DIRECTIONS

#	MANEUVER	LOCATION	COMMENTS	DIRECTION POINT	DIRECTIONS

#	MANEUVER	LOCATION	COMMENTS	DIRECTION POINT	DIRECTIONS

ETP COMMERCIAL DPE MANEUVER CHECKLIST – SAMPLE INSTRUCTIONS

This number should be the same number as on the Route and Directions form.

Identifies exactly where the Maneuver will be scored. It should read the same as Route & Directions Form.

This box is to identify the type of route elements that are at that Location.

<i>MANEUVER</i>	<i>#</i>	<i>LOCATION</i>	<i>COMMENTS</i>
<i>Turns</i>			
Left	1	2 nd and 24 th St	At stop sign
Left	4	24 th and Broadway	At traffic light
Left	17	Laguna Blvd & Bruceville	Double left turn lanes
Left	25	Grantline and Sunrise	4 way stop sign
Right	9	Broadway and 16 th St	Double right turn lanes
Right	15	Freeway Exit at Laguna	Traffic light intersection
Right	20	Eschinger Road & Grantline	4 way stop
Right	24	Waterman and Sheldon	Stop sign cross traffic does not stop
<i>Intersections</i>			
Stop Sign	22	Waterman & Elk Grove Bl	4 way stop sign
Stop Sign	23	Waterman & Bond	
Traffic Light	6	Broadway and 19 th St.	
Traffic Light	16	Laguna & W. Stockton Blvd	
Through	7	Broadway and 18 th St	Driver does not have to stop
Through	8	Broadway and 17 th St	Busy lots of pedestrian traffic
<i>Urban Section</i>	5	On Broadway Ave Between 24 th and 20 th St	Very busy lots of cross traffic intersections
<i>Rural Section</i>	18	Bruceville Rd between Elk Grove Blvd & Eschinger	Narrow road, soft shoulder on both sides

**ETP COMMERCIAL DPE MANEUVER CHECKLIST – SAMPLE
INSTRUCTIONS**

<i>MANEUVER</i>	<i>#</i>	<i>LOCATION</i>	<i>COMMENTS</i>
<i>Bridge/Overpass/Sign</i>	12	Hwy 99 at Fruitridge	15' 0" underpass marked
<i>Curve</i>	19	Sharp Left Curve Eschinger Rd	
<i>Railway Crossing</i>	21	Just after Livery Grantline Road	Plenty of room to pull over to right
<i>Lane Change</i>			
Left	3	Between 24 th and First Ave	As required conducted prior to freeway segment scored
Right	30	After left lane change at 24 th St and 2 nd Ave	
<i>Freeway</i>			
Enter/Merge	10	Broadway and X St	Two lanes merge into one
Left Lane Change	11	Between Hwy 99 at Fruitridge Road	5 lane freeway
Right Lane Change	13	Between Hwy 99 at Mack	
Exit	14	Hwy 99 at Laguna/Bond	
<i>Start/Stop on Grade</i>			
Up grade	27	Serrano Dr next to Hydrant	
Down grade	28	Serrano Dr, past speed limit sign	
<i>Driving Down Grade</i>			
Simulated	1	DMV Parking Lot C	
Actual	29	Hwy 50 between El Dorado Hills and Folsom	
Driving Up Grade	26	Hwy 50 Hazel Ave to El Dorado Hills.	

Note:

Every point where a driver is scored on the drive test route must specified in the Location box on the Route and Directions form and the Maneuver Checklist.



EMPLOYER TESTING PROGRAM COMMERCIAL DPE MANEUVER CHECKLIST

FOR DMV USE ONLY

EMPLOYER'S NAME			EMPLOYER NUMBER	DATE
ROUTE LOCATION			TYPE OF ROUTE	
			DMV APPROVED ROUTE NUMBER	
MANEUVER	#	LOCATION	COMMENTS	
TURNES:				
Left - Stop Sign				
Left - Traffic Signal				
Left - Multiple Left Turn Lanes				
Left - Miscellaneous				
Right - Stop Sign				
Right - Traffic Signal				
Right - Multiple Right Turn Lanes				
Right - Miscellaneous				
INTERSECTIONS				
Stop Sign				
Stop Sign				
Through				
Through				
Traffic Signal				
Traffic Signal				
URBAN SECTION				
(At least three intersections)				
RURAL SECTION				
(Minimum three blocks in length)				
BRIDGE/OVERPASS/SIGN				
Curve-Left Preferable				
RAILROAD CROSSING				
CITY SURFACE STREETS				
Left Lane Change				
(Before scored freeway section)				
Right Lane Change				
FREEWAY				
Entrance Ramp/Merge				
Left Lane Change				
Right Lane Change				
Exit Ramp				
DOWNGRADE				
Simulated				
Driving				
Parking				
UPGRADE				
Driving				
Parking				

**EMPLOYER TESTING PROGRAM
COMMERCIAL DPE MANEUVER CHECKLIST INSTRUCTIONS**

Develop and document the route used for the road test portion of the drive test. Use this maneuver checklist as a tool to ensure that all 30 route elements have been included in the route.

After carefully planning and documenting the route, if a route element is missing, review your geographic area to ensure that the element was not overlooked. If the element cannot be found, you may use this form to request a waiver. A waiver will not be granted for any element present in your geographic area.

My company is requesting a waiver of the _____
element on the ETP commercial DPE drive test. This element is not in the area that my company's drive tests are conducted and would have to travel _____ miles to include this element on the drive test route.

ADMINISTRATOR'S SIGNATURE

DATE

Please send the checklist to the address listed below if you are requesting a waiver:

Employer Testing Program
Department of Motor Vehicles
P.O. Box 944278 M/S H-275
Sacramento CA 94244-2780
(916) 657-7830

**INSTRUCTIONS FOR COMPLETING THE
EMPLOYER TESTING PROGRAM EXAMINER APPLICATION (DL 811)**

Follow the instructions listed below to complete the DL520ETP Application.

SECTION	INSTRUCTIONS
Examiner Information	<p>Enter the following information where indicated:</p> <ul style="list-style-type: none">▪ The Examiner's complete name, no abbreviations.▪ Your Driver License Number▪ Your mailing address (if different from your street address)▪ Your street address, city, state and zip code.▪ Your work telephone number▪ Your home telephone number▪ Your class of Driver License▪ Number of years you have held your present Driver's License.▪ Your birth date.▪ Place an "X" inside the appropriate box (s) of the class of license(s) for which you wish to certify. (They must be in consistant with the class of license you have held for at least 3 years.)▪ Dates that you wish to attend Examiner training, including location.▪ Names, addresses, and telephone numbers of every Employer for which you will be conducting drive tests.▪ Your signature and date you signed the application.▪ Ensure to enclose \$55.00 for the Examiner Training Fee.



**EMPLOYER TESTING PROGRAM
EXAMINER APPLICATION**
Training Fee \$55

For clarity, please complete with black pen or typewriter

EXAMINER'S NAME		DRIVER LICENSE NUMBER	
MAILING ADDRESS	CITY	STATE	ZIP CODE
STREET ADDRESS	CITY	STATE	ZIP CODE
WORK TELEPHONE NUMBER ()	OR	HOME TELEPHONE NUMBER ()	
CLASS OF DRIVER LICENSE	NUMBER OF YEARS PRESENT CLASS CDL HELD		BIRTHDATE

I REQUEST TO ADMINISTER THE:

- ☐ Class A non-passenger (tractor-trailer) drive test
☐ Class A passenger (trailer bus) drive test
☐ Class B non-passenger drive test
☐ Class B Bus 11 - 15 passengers, including the driver, drive test
☐ Class B Bus, 16 or more passengers including the driver, drive test

EXAMINER TRAINING DATES REQUESTED - FIRST CHOICE	LOCATION
EXAMINER TRAINING DATES REQUESTED - SECOND CHOICE	LOCATION

I WILL BE CONDUCTING DRIVE TESTS FOR:

EMPLOYER NAME	ADDRESS	CITY	STATE	ZIP CODE	PHONE #

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct, and that I am the examiner for the above named employer(s), and have the appropriate class of commercial driver license with any appropriate endorsement(s) and/or restrictions as required to operate my company's vehicle(s).

EXAMINER'S SIGNATURE 	DATE
---	------

FOR DMV USE ONLY

APPLICATION	
DPE COMPLETION DATE	EFFECTIVE DATE
CLASS APPROVED FOR	APPROVED BY
CHECK NUMBER	PRESENT DATE
EXAMINER NUMBER	DATE LETTER SENT

DRIVER LICENSE NUMBER	
STATE	ZIP CODE
STATE	ZIP CODE
HOME TELEPHONE NUMBER ()	
BIRTHDATE	

The Department of Motor Vehicles will use the information on this application to determine if you are qualified to conduct the required commercial drive test for the issuance of a Certificate of Driving Skill (DL 170 ETP) for your employer in compliance with the California Vehicle Code §15250. Information submitted is subject to verification by personnel of the Department of Motor Vehicles.

Prior to receiving authorization to participate in the Employer Testing Program, you must meet prerequisite criteria; and attend the Driving Performance Evaluation (DPE) Training and pass the Proficiency Tests.

The following criteria must be met and maintained to qualify as an examiner:

- Before attending training and becoming an examiner, you must have held a commercial driver license for the class you will be testing for a period of three (3) years prior to training.
- Attend DPE Training and pass Proficiency Tests.
- Maintain a satisfactory driving record.
- Maintain a current medical card and assure that a valid Medical Examination Report (DL 51) is on file with DMV.
- Possess the appropriate class of commercial license and endorsements and/or restrictions to conduct commercial drive tests.

Please complete the Examiner Application and return it, with appropriate fees to:

Department of Motor Vehicles
Employer Testing Program
P.O. Box 944278 M/S H-275
Sacramento CA 94244-2780




**EMPLOYER TESTING PROGRAM
REFRESHER TRAINING REQUEST**

**EXAMINER
Training Fee \$55**

FOR DMV USE ONLY	
APPLICATION	
CHECK NUMBER	EFFECTIVE DATE

For clarity, please complete with black pen or typewriter.

I request to attend a Department of Motor Vehicles sponsored examiner training class shown below. I have the appropriate class of commercial driver license with any appropriate endorsement(s) and/or restrictions as required to operate my company's vehicle(s). Call the Employer Testing Program Unit at (916) 657-7830 for a list of available training dates.

EXAMINER TRAINING DATES REQUESTED - FIRST CHOICE	LOCATION		
EXAMINER TRAINING DATES REQUESTED - SECOND CHOICE	LOCATION		
EXAMINER'S NAME	HOME TELEPHONE NUMBER ()		
DRIVER LICENSE NUMBER	WORK TELEPHONE NUMBER ()		
EXAMINER'S STREET ADDRESS	CITY	STATE	ZIP CODE
EXAMINER'S MAILING ADDRESS (IF DIFFERENT FROM STREET ADDRESS)	CITY	STATE	ZIP CODE
EMPLOYER'S NAME	EMPLOYER NUMBER		
EMPLOYER'S MAILING ADDRESS	CITY	STATE	ZIP CODE
EMPLOYER'S STREET ADDRESS (IF DIFFERENT FROM MAILING ADDRESS)	CITY	STATE	ZIP CODE
EXAMINER'S SIGNATURE 	DATE		

Please complete the Refresher Training Request and return it with appropriate fees to:

Department of Motor Vehicles
Employer Testing Program
M/S H275
P.O. Box 944278
Sacramento CA 95818

Upon request, this document can be reproduced in Braille or large print. Phone services to DMV employees are available for the deaf or hearing impaired by calling (916) 657-5616 (TTD phone), or the California Relay Telephone Service at 1-800-735-2929 (TTD phone and 1-800-735-2922 (voice phone).

**EMPLOYER TESTING PROGRAM
 REQUEST FOR REACTIVATION
 EMPLOYER NUMBER**

FOR DMV USE ONLY	
APPLICATION APPROVED	EFFECTIVE DATE
APPROVED BY	DATE

My firm voluntarily cancelled its Employer Number on _____.

DATE

I am requesting reactivation of my firm's Employer Number. I understand that if my Employer Number is due to expire within 60 days, I am required to complete and submit an Application for Employer Number (DL 520 ETP), the renewal fees, and route documentation for my primary and alternate drive test routes.

EMPLOYER'S NAME	EMPLOYER PHONE NUMBER ()	
EMPLOYER'S MAILING ADDRESS		
CITY	STATE	ZIP CODE
EMPLOYER'S STREET ADDRESS		
CITY	STATE	ZIP CODE
ADMINISTRATOR'S PRINTED NAME	WORK PHONE NUMBER ()	

If my company does not fulfill its responsibilities or no longer qualifies for an employer number under Title 13, Vehicle Code Section 15250, I understand that the department will cancel, suspend or revoke my employer number. I further certify the Employer will abide by the provisions in Title 13, California Code of Regulations, Article 2.1, & 25.06 - 25.22, CVC §12804.9(e) and 15250(c) and (d) governing the Employer Testing Program.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct, and that I am the authorized Administrator of the program for the above named employer.

PRINTED NAME AND TITLE	ADMINISTRATOR'S DL NUMBER	DATE
SIGNATURE OF ADMINISTRATOR		
STREET ADDRESS		
CITY	STATE	ZIP CODE

Upon request, this document can be produced in Braille or large print. Phone services to DMV employees are available for the deaf or hearing impaired by calling (916) 657-5616 (TDD phone), or the California Relay Telephone Service at 1-800-735-2929 (TDD phone) and 1-800-735-2922 (voice phone).

EMPLOYER TESTING PROGRAM
REQUEST FOR REINSTATEMENT-EXAMINER
TRAINING FEE \$55

FOR DMV USE ONLY	
APPLICATION APPROVED	EFFECTIVE DATE
APPROVED BY	DATE

I am requesting reinstatement of my examiner eligibility. I have held a California Commercial Driver License (CDL) for three years in the class of license listed below (requested class of testing authority), and do not have any actions against my CDL (i.e., suspended, revoked, cancelled, or on probation for negligent operator).

- ☐ Class A non-passenger vehicle
- ☐ Class A tractor trailer bus
- ☐ Class B non-passenger vehicle
- ☐ Class B bus or van which is:
- ☐ designed to carry 11-15 passengers, including the driver (Restriction 74 or 75)
 - ☐ designed to carry 16 or more passengers, including the driver, with a GVWR of 26,000 lbs. or less (Restriction 76)
 - ☐ designed to carry 16 or more passengers, including the driver, with a GVWR of 26,001 lbs. or more

I also understand that I must complete a DMV sponsored examiner training class to be reinstated.

I request to attend the DMV sponsored examiner training class shown below.

LOCATION	DATE
LOCATION (FIRST CHOICE)	DATE
LOCATION (SECOND CHOICE)	DATE

I have enclosed the required training fee of \$55.

EXAMINER'S NAME	HOME PHONE NUMBER ()		
DRIVER LICENSE NUMBER	WORK PHONE NUMBER ()		
EXAMINER'S MAILING ADDRESS	CITY	STATE	ZIP CODE
EMPLOYER'S STREET ADDRESS (IF DIFFERENT FROM MAILING ADDRESS)	CITY	STATE	ZIP CODE

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct, and that I am the examiner for the above named employer(s), and have the appropriate class of commercial driver license with any appropriate endorsement(s) and/or restrictions as required to operate my company's vehicle(s).

EXAMINER'S SIGNATURE	DATE
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Upon request, this document can be produced in Braille or large print. Phone services to DMV employees are available for the deaf or hearing impaired by calling (916) 657-5616 (TDD phone), or the California Relay Telephone Service at 1-800-735-2929 (TDD phone) and 1-800-735-2922 (voice phone).




**EMPLOYER TESTING PROGRAM
REQUEST FOR REINSTATEMENT
EMPLOYER NUMBER**

FOR DMV USE ONLY	
APPLICATION APPROVED	EFFECTIVE DATE
APPROVED BY	DATE

I am requesting reinstatement of my Employer Number. I have corrected all of the deficiencies that were identified during DMV's review of records and my driver testing practices, and have mailed the correction letter to the DMV Intrastate Audit Section on _____.

DATE

EMPLOYER'S NAME		EMPLOYER NUMBER	
EMPLOYER'S MAILING ADDRESS	CITY	STATE	ZIP CODE
EMPLOYER'S STREET ADDRESS	CITY	STATE	ZIP CODE
ADMINISTRATOR'S PRINTED NAME	WORK PHONE NUMBER ()		
ADMINISTRATOR'S SIGNATURE 	DATE		



**Employer Testing Program
VOLUNTARY CANCELLATION REQUEST
of Employer Number _____**

Complete this form if you no longer wish to participate in the Employer Testing Program and/or issue Certificates of Driving Skill (DL 170 ETP) to your drivers.

Mail the completed form to: Department of Motor Vehicles
Employer Testing Program
P. O. Box 944278 MS H275
Sacramento, CA 94244-2780

As the administrator of the program, I request cancellation of the employer number issued to the Employer named below. I understand that should the Employer apply for a new employer number, a pre-approval inspection may be required in addition to any applicable fees. I also understand that this cancellation does not preclude DMV, the Federal Motor Carrier Safety Administration or its representatives from conducting examinations, inspections or audits to determine if Certificates of Driving Skills (DL 170 ETP) already issued were appropriate.

Reason for cancellation:

Cancellation effective date: _____ Telephone number () _____

Employer name: _____

Mailing address: _____

City _____ State _____ Zip _____

Terminal physical address: _____

City _____ State _____ Zip _____

Administrator's printed name: _____ Date of request: _____

Administrator's signature: _____

NOTE: If the administrator of the program is no longer available to complete the cancellation request form, the preparer must be identified by name, title and how associated with Employer.



EMPLOYER'S REPORT OF MEDICAL EXAM FAILURE/ EMPLOYER REQUEST FOR REEXAMINATION OF DRIVER

California Vehicle Code Section 14606(b) requires employers to report commercial class A or B drivers who fail to qualify for a medical certificate on reexamination to the Department of Motor Vehicles.

California Vehicle Code Section 13800 allows the Department of Motor Vehicles to investigate the qualifications of **any** driver when it appears necessary upon receiving information or upon a showing of its records.

This form may be used to request the Department of Motor Vehicles to investigate the qualifications of **any** driver when a driver's condition or behavior may impair his or her ability to safely operate a motor vehicle. To have a driver's qualifications reevaluated by the department, please identify the driver by filling out the applicable driver information below and briefly describe the condition or actions of the driver which make you believe a reexamination by the department is necessary (use reverse side if needed).

This form may be used to report a commercial class A or B driver to the Department of Motor Vehicles when the driver fails to qualify for renewal of a medical certificate.

If additional copies of this form are needed, you may duplicate as many copies as you wish. Mail completed forms to:

Department of Motor Vehicles
Driver Safety Services Unit
P.O. Box 942890, M/S J234
Sacramento, CA 94290-0001

Please complete the following information, if known, and attach a copy of the driver's medical evaluation or other pertinent information, if available. If you need further information, or need help in completing the form, please call the Driver Safety Services Unit at (916) 657-6452.

DRIVER'S NAME	BIRTH DATE	LICENSE OR X NUMBER	CLASS OF LICENSE	STATE ISSUING LICENSE
ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE NUMBER ()
NAME OF PHYSICIAN	MEDICAL NUMBER	TELEPHONE NUMBER ()	DATE OF EXAM	
ADDRESS	CITY	STATE	ZIP CODE	
EMPLOYER'S NAME	TITLE		COMPANY PHONE NO. ()	
COMPANY NAME AND ADDRESS	CITY	STATE	ZIP CODE	

If you are requesting a driver be reexamined pursuant to Vehicle Code Section 13800, please complete the section below. Briefly describe the condition or actions of the driver that make you believe a reexamination by the department is necessary (use reverse side if needed).

SIGNATURE

TITLE

DATE

California Relay Telephone Service for the deaf or hearing impaired from TDD Phones: 1-800-735-2929; from Voice Phones: 1-800-735-2922